

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-012983

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3392**

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAR 28 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) ST LOUIS		Length of stay in 1b 12 hrs.	
c. FULL NAME OF (If NOT in hospital, give location) BEACONESS Hosp		d. STREET ADDRESS (If outside, give location) 4652 TIEMAN	
3. NAME OF DECEASED (Type or print) CLATHERINE ARBUCKLE		4. DATE OF DEATH Month MAR Day 22 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH DEC 14 - 97
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES LADY		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME ERNST WEHNERT		11b. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 4201	
17. INFORMANT PEARL H ARBUCKLE		17. ADDRESS 4652 TIEMAN	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic coronary heart disease		1 yr.	
DUE TO (c) Generalized Arteriosclerosis		2 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION ST LOUIS		
21. I attended the deceased from 11-30-60 to 3-22-63 and last saw her alive on 3-22-63		21. Death occurred at 10:08 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE [Signature] (Degree or Title) M.D.		22b. ADDRESS 634 N. Grand Blvd.	
22c. DATE SIGNED 3-23-63		22d. LOCATION (City, town, or county) (State) ST LOUIS Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAR 25 - 63	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEM	
24. FUNERAL DIRECTOR Thos Kistis	24. ADDRESS 2906 N. Grand	25. DATE RECD. BY LOCAL REG. MAR 23 1963	
26. REGISTRAR'S SIGNATURE [Signature]		26. ADDRESS Moan Smith M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

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Don Levine Goble
1400 Theatre Bldg
JE 3-7469

There till in Set

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Eleanor Province

Licensed Embalmer No.

3403

P. O. Address

2906 Groves

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.